

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2054
101ST GENERAL ASSEMBLY

4731H.03C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 67.145, 70.631, 170.310, 190.091, 190.100, 190.134, 287.067, 320.210, 650.320, 650.330, and 650.340, RSMo, and to enact in lieu thereof ten new sections relating to first responders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 67.145, 70.631, 170.310, 190.091, 190.100, 190.134, 287.067, 2 320.210, 650.320, 650.330, and 650.340, RSMo, are repealed and ten new sections enacted in 3 lieu thereof, to be known as sections 67.145, 70.631, 170.310, 190.091, 190.100, 287.067, 4 320.210, 650.320, 650.330, and 650.340, to read as follows:

67.145. 1. No political subdivision of this state shall prohibit any first responder from 2 engaging in any political activity while off duty and not in uniform, being a candidate for 3 elected or appointed public office, or holding such office unless such political activity or 4 candidacy is otherwise prohibited by state or federal law.

5 2. As used in this section, "first responder" means any person trained and authorized 6 by law or rule to render emergency medical assistance or treatment. Such persons may 7 include, but shall not be limited to, emergency first responders, **telecommunicator first** 8 **responders**, police officers, sheriffs, deputy sheriffs, firefighters, ambulance attendants and 9 attendant drivers, emergency medical technicians, mobile emergency medical technicians, 10 emergency medical technician-paramedics, registered nurses, or physicians.

70.631. 1. Each political subdivision may, by majority vote of its governing body, 2 elect to cover emergency [~~telecommunicators~~] **telecommunicator first responders**, jailors, 3 and emergency medical service personnel as public safety personnel members of the system. 4 The clerk or secretary of the political subdivision shall certify an election concerning the 5 coverage of emergency [~~telecommunicators~~] **telecommunicator first responders**, jailors,

EXPLANATION — Matter enclosed in bold-faced brackets [~~thus~~] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

6 and emergency medical service personnel as public safety personnel members of the system
7 to the board within ten days after such vote. The date in which the political subdivision's
8 election becomes effective shall be the first day of the calendar month specified by such
9 governing body, the first day of the calendar month next following receipt by the board of the
10 certification of the election, or the effective date of the political subdivision's becoming an
11 employer, whichever is the latest date. Such election shall not be changed after the effective
12 date. If the election is made, the coverage provisions shall be applicable to all past and future
13 employment with the employer by present and future employees. If a political subdivision
14 makes no election under this section, no emergency telecommunicator **first responder**, jailor,
15 or emergency medical service personnel of the political subdivision shall be considered public
16 safety personnel for purposes determining a minimum service retirement age as defined in
17 section 70.600.

18 2. If an employer elects to cover emergency [~~telecommunicators~~] **telecommunicator**
19 **first responders**, jailors, and emergency medical service personnel as public safety personnel
20 members of the system, the employer's contributions shall be correspondingly changed
21 effective the same date as the effective date of the political subdivision's election.

22 3. The limitation on increases in an employer's contributions provided by subsection
23 6 of section 70.730 shall not apply to any contribution increase resulting from an employer
24 making an election under the provisions of this section.

25 4. The provisions of this section shall only apply to counties of the third classification
26 and any county of the first classification with more than seventy thousand but fewer than
27 eighty-three thousand inhabitants and with a city of the fourth classification with more than
28 thirteen thousand five hundred but fewer than sixteen thousand inhabitants as the county seat,
29 and any political subdivisions located, in whole or in part, within such counties.

170.310. 1. For school year 2017-18 and each school year thereafter, upon
2 graduation from high school, pupils in public schools and charter schools shall have received
3 thirty minutes of cardiopulmonary resuscitation instruction and training in the proper
4 performance of the Heimlich maneuver or other first aid for choking given any time during a
5 pupil's four years of high school.

6 2. Beginning in school year 2017-18, any public school or charter school serving
7 grades nine through twelve shall provide enrolled students instruction in cardiopulmonary
8 resuscitation. Students with disabilities may participate to the extent appropriate as
9 determined by the provisions of the Individuals with Disabilities Education Act or Section
10 504 of the Rehabilitation Act. Instruction shall be included in the district's existing health or
11 physical education curriculum. Instruction shall be based on a program established by the
12 American Heart Association or the American Red Cross, or through a nationally recognized
13 program based on the most current national evidence-based emergency cardiovascular care

14 guidelines, and psychomotor skills development shall be incorporated into the instruction.
15 For purposes of this section, "psychomotor skills" means the use of hands-on practicing and
16 skills testing to support cognitive learning.

17 3. The teacher of the cardiopulmonary resuscitation course or unit shall not be
18 required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not
19 designed to result in certification of students. Instruction that is designed to result in
20 certification being earned shall be required to be taught by an authorized cardiopulmonary
21 instructor. Schools may develop agreements with any local chapter of a voluntary
22 organization of first responders to provide the required hands-on practice and skills testing.
23 **For purposes of this subsection, first responders shall include telecommunicator first**
24 **responders as defined in section 650.320.**

25 4. The department of elementary and secondary education may promulgate rules to
26 implement this section. Any rule or portion of a rule, as that term is defined in section
27 536.010, that is created under the authority delegated in this section shall become effective
28 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,
29 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
30 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
31 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant
32 of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be
33 invalid and void.

190.091. 1. As used in this section, the following terms mean:

2 (1) "Bioterrorism", the intentional use of any microorganism, virus, infectious
3 substance, or biological product that may be engineered as a result of biotechnology or any
4 naturally occurring or bioengineered component of any microorganism, virus, infectious
5 substance, or biological product to cause death, disease, or other biological malfunction in a
6 human, an animal, a plant, or any other living organism to influence the conduct of
7 government or to intimidate or coerce a civilian population;

8 (2) "Department", the Missouri department of health and senior services;

9 (3) "Director", the director of the department of health and senior services;

10 (4) "Disaster locations", any geographical location where a bioterrorism attack,
11 terrorist attack, catastrophic or natural disaster, or emergency occurs;

12 (5) "First responders", state and local law enforcement personnel, **telecommunicator**
13 **first responders**, fire department personnel, and emergency medical personnel who will be
14 deployed to bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and
15 emergencies.

16 2. The department shall offer a vaccination program for first responders who may be
17 exposed to infectious diseases when deployed to disaster locations as a result of a

18 bioterrorism event or a suspected bioterrorism event. The vaccinations shall include, but are
19 not limited to, smallpox, anthrax, and other vaccinations when recommended by the federal
20 Centers for Disease Control and Prevention's Advisory Committee on Immunization
21 Practices.

22 3. Participation in the vaccination program shall be voluntary by the first responders,
23 except for first responders who, as determined by their employer, cannot safely perform
24 emergency responsibilities when responding to a bioterrorism event or suspected
25 bioterrorism event without being vaccinated. The recommendations of the Centers for
26 Disease Control and Prevention's Advisory Committee on Immunization Practices shall be
27 followed when providing appropriate screening for contraindications to vaccination for first
28 responders. A first responder shall be exempt from vaccinations when a written statement
29 from a licensed physician is presented to their employer indicating that a vaccine is medically
30 contraindicated for such person.

31 4. If a shortage of the vaccines referred to in subsection 2 of this section exists
32 following a bioterrorism event or suspected bioterrorism event, the director, in consultation
33 with the governor and the federal Centers for Disease Control and Prevention, shall give
34 priority for such vaccinations to persons exposed to the disease and to first responders who
35 are deployed to the disaster location.

36 5. The department shall notify first responders concerning the availability of the
37 vaccination program described in subsection 2 of this section and shall provide education to
38 such first responders and their employers concerning the vaccinations offered and the
39 associated diseases.

40 6. The department may contract for the administration of the vaccination program
41 described in subsection 2 of this section with health care providers, including but not limited
42 to local public health agencies, hospitals, federally qualified health centers, and physicians.

43 7. The provisions of this section shall become effective upon receipt of federal
44 funding or federal grants which designate that the funding is required to implement
45 vaccinations for first responders in accordance with the recommendations of the federal
46 Centers for Disease Control and Prevention's Advisory Committee on Immunization
47 Practices. Upon receipt of such funding, the department shall make available the vaccines to
48 first responders as provided in this section.

190.100. As used in sections 190.001 to 190.245, the following words and terms
2 mean:

3 (1) "Advanced emergency medical technician" or "AEMT", a person who has
4 successfully completed a course of instruction in certain aspects of advanced life support care
5 as prescribed by the department and is licensed by the department in accordance with sections

6 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections
7 190.001 to 190.245;

8 (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult
9 and pediatric patient such as defined by national curricula, and any modifications to that
10 curricula specified in rules adopted by the department pursuant to sections 190.001 to
11 190.245;

12 (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially
13 designed, constructed or modified, staffed or equipped for, and is intended or used,
14 maintained or operated for the transportation of persons who are sick, injured, wounded or
15 otherwise incapacitated or helpless, or who require the presence of medical equipment being
16 used on such individuals, but the term does not include any motor vehicle specially designed,
17 constructed or converted for the regular transportation of persons who are disabled,
18 handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles
19 used within airports;

20 (4) "Ambulance service", a person or entity that provides emergency or
21 nonemergency ambulance transportation and services, or both, in compliance with sections
22 190.001 to 190.245, and the rules promulgated by the department pursuant to sections
23 190.001 to 190.245;

24 (5) "Ambulance service area", a specific geographic area in which an ambulance
25 service has been authorized to operate;

26 (6) "Basic life support (BLS)", a basic level of care, as provided to the adult and
27 pediatric patient as defined by national curricula, and any modifications to that curricula
28 specified in rules adopted by the department pursuant to sections 190.001 to 190.245;

29 (7) "Council", the state advisory council on emergency medical services;

30 (8) "Department", the department of health and senior services, state of Missouri;

31 (9) "Director", the director of the department of health and senior services or the
32 director's duly authorized representative;

33 (10) ~~["Dispatch agency", any person or organization that receives requests for
34 emergency medical services from the public, by telephone or other means, and is responsible
35 for dispatching emergency medical services;~~

36 (H) "Emergency", the sudden and, at the time, unexpected onset of a health
37 condition that manifests itself by symptoms of sufficient severity that would lead a prudent
38 layperson, possessing an average knowledge of health and medicine, to believe that the
39 absence of immediate medical care could result in:

40 (a) Placing the person's health, or with respect to a pregnant woman, the health of the
41 woman or her unborn child, in significant jeopardy;

42 (b) Serious impairment to a bodily function;

43 (c) Serious dysfunction of any bodily organ or part;

44 (d) Inadequately controlled pain;

45 ~~[(12)]~~ **(11)** "Emergency medical dispatcher", a person who receives emergency calls
46 from the public and has successfully completed an emergency medical dispatcher course~~;~~
47 ~~meeting or exceeding the national curriculum of the United States Department of~~
48 ~~Transportation and any modifications to such curricula specified by the department~~
49 ~~through rules adopted pursuant to sections 190.001 to 190.245]~~ **and any ongoing training**
50 **requirements under section 650.340;**

51 ~~[(13)]~~ **(12)** "Emergency medical responder", a person who has successfully completed
52 an emergency first response course meeting or exceeding the national curriculum of the U.S.
53 Department of Transportation and any modifications to such curricula specified by the
54 department through rules adopted under sections 190.001 to 190.245 and who provides
55 emergency medical care through employment by or in association with an emergency medical
56 response agency;

57 ~~[(14)]~~ **(13)** "Emergency medical response agency", any person that regularly provides
58 a level of care that includes first response, basic life support or advanced life support,
59 exclusive of patient transportation;

60 ~~[(15)]~~ **(14)** "Emergency medical services for children (EMS-C) system", the
61 arrangement of personnel, facilities and equipment for effective and coordinated delivery of
62 pediatric emergency medical services required in prevention and management of incidents
63 which occur as a result of a medical emergency or of an injury event, natural disaster or
64 similar situation;

65 ~~[(16)]~~ **(15)** "Emergency medical services (EMS) system", the arrangement of
66 personnel, facilities and equipment for the effective and coordinated delivery of emergency
67 medical services required in prevention and management of incidents occurring as a result of
68 an illness, injury, natural disaster or similar situation;

69 ~~[(17)]~~ **(16)** "Emergency medical technician", a person licensed in emergency medical
70 care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules
71 adopted by the department pursuant to sections 190.001 to 190.245;

72 ~~[(18)]~~ **(17)** "Emergency medical technician-basic" or "EMT-B", a person who has
73 successfully completed a course of instruction in basic life support as prescribed by the
74 department and is licensed by the department in accordance with standards prescribed by
75 sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001
76 to 190.245;

77 ~~[(19)]~~ **(18)** "Emergency medical technician-community paramedic", "community
78 paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-

79 paramedic and is certified by the department in accordance with standards prescribed in
80 section 190.098;

81 ~~[(20)]~~ (19) "Emergency medical technician-paramedic" or "EMT-P", a person who
82 has successfully completed a course of instruction in advanced life support care as prescribed
83 by the department and is licensed by the department in accordance with sections 190.001 to
84 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

85 ~~[(21)]~~ (20) "Emergency services", health care items and services furnished or
86 required to screen and stabilize an emergency which may include, but shall not be limited to,
87 health care services that are provided in a licensed hospital's emergency facility by an
88 appropriate provider or by an ambulance service or emergency medical response agency;

89 ~~[(22)]~~ (21) "Health care facility", a hospital, nursing home, physician's office or other
90 fixed location at which medical and health care services are performed;

91 ~~[(23)]~~ (22) "Hospital", an establishment as defined in the hospital licensing law,
92 subsection 2 of section 197.020, or a hospital operated by the state;

93 ~~[(24)]~~ (23) "Medical control", supervision provided by or under the direction of
94 physicians, or their designated registered nurse, including both online medical control,
95 instructions by radio, telephone, or other means of direct communications, and offline
96 medical control through supervision by treatment protocols, case review, training, and
97 standing orders for treatment;

98 ~~[(25)]~~ (24) "Medical direction", medical guidance and supervision provided by a
99 physician to an emergency services provider or emergency medical services system;

100 ~~[(26)]~~ (25) "Medical director", a physician licensed pursuant to chapter 334
101 designated by the ambulance service, **dispatch agency**, or emergency medical response
102 agency and who meets criteria specified by the department by rules pursuant to sections
103 190.001 to 190.245;

104 ~~[(27)]~~ (26) "Memorandum of understanding", an agreement between an emergency
105 medical response agency or dispatch agency and an ambulance service or services within
106 whose territory the agency operates, in order to coordinate emergency medical services;

107 ~~[(28)]~~ (27) "Patient", an individual who is sick, injured, wounded, diseased, or
108 otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported
109 from or between private or public institutions, homes or cemeteries, and individuals declared
110 dead prior to the time an ambulance is called for assistance;

111 ~~[(29)]~~ (28) "Person", as used in these definitions and elsewhere in sections 190.001 to
112 190.245, any individual, firm, partnership, copartnership, joint venture, association,
113 cooperative organization, corporation, municipal or private, and whether organized for
114 profit or not, state, county, political subdivision, state department, commission, board, bureau
115 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee

116 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or
117 provider;

118 ~~[(30)]~~ **(29)** "Physician", a person licensed as a physician pursuant to chapter 334;

119 ~~[(31)]~~ **(30)** "Political subdivision", any municipality, city, county, city not within a
120 county, ambulance district or fire protection district located in this state which provides or has
121 authority to provide ambulance service;

122 ~~[(32)]~~ **(31)** "Professional organization", any organized group or association with an
123 ongoing interest regarding emergency medical services. Such groups and associations could
124 include those representing volunteers, labor, management, firefighters, EMT-B's, nurses,
125 EMT-P's, physicians, communications specialists and instructors. Organizations could also
126 represent the interests of ground ambulance services, air ambulance services, fire service
127 organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric
128 services, labor unions and poison control services;

129 ~~[(33)]~~ **(32)** "Proof of financial responsibility", proof of ability to respond to damages
130 for liability, on account of accidents occurring subsequent to the effective date of such proof,
131 arising out of the ownership, maintenance or use of a motor vehicle in the financial amount
132 set in rules promulgated by the department, but in no event less than the statutory minimum
133 required for motor vehicles. Proof of financial responsibility shall be used as proof of self-
134 insurance;

135 ~~[(34)]~~ **(33)** "Protocol", a predetermined, written medical care guideline, which may
136 include standing orders;

137 ~~[(35)]~~ **(34)** "Regional EMS advisory committee", a committee formed within an
138 emergency medical services (EMS) region to advise ambulance services, the state advisory
139 council on EMS and the department;

140 ~~[(36)]~~ **(35)** "Specialty care transportation", the transportation of a patient requiring the
141 services of an emergency medical technician-paramedic who has received additional training
142 beyond the training prescribed by the department. Specialty care transportation services shall
143 be defined in writing in the appropriate local protocols for ground and air ambulance services
144 and approved by the local physician medical director. The protocols shall be maintained by
145 the local ambulance service and shall define the additional training required of the emergency
146 medical technician-paramedic;

147 ~~[(37)]~~ **(36)** "Stabilize", with respect to an emergency, the provision of such medical
148 treatment as may be necessary to attempt to assure within reasonable medical probability that
149 no material deterioration of an individual's medical condition is likely to result from or occur
150 during ambulance transportation unless the likely benefits of such transportation outweigh the
151 risks;

152 ~~[(38)]~~ **(37)** "State advisory council on emergency medical services", a committee
153 formed to advise the department on policy affecting emergency medical service throughout
154 the state;

155 ~~[(39)]~~ **(38)** "State EMS medical directors advisory committee", a subcommittee of the
156 state advisory council on emergency medical services formed to advise the state advisory
157 council on emergency medical services and the department on medical issues;

158 ~~[(40)]~~ **(39)** "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in
159 which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation
160 in electrocardiogram analysis, and as further defined in rules promulgated by the department
161 under sections 190.001 to 190.250;

162 ~~[(41)]~~ **(40)** "STEMI care", includes education and prevention, emergency transport,
163 triage, and acute care and rehabilitative services for STEMI that requires immediate medical
164 or surgical intervention or treatment;

165 ~~[(42)]~~ **(41)** "STEMI center", a hospital that is currently designated as such by the
166 department to care for patients with ST-segment elevation myocardial infarctions;

167 ~~[(43)]~~ **(42)** "Stroke", a condition of impaired blood flow to a patient's brain as defined
168 by the department;

169 ~~[(44)]~~ **(43)** "Stroke care", includes emergency transport, triage, and acute intervention
170 and other acute care services for stroke that potentially require immediate medical or surgical
171 intervention or treatment, and may include education, primary prevention, acute intervention,
172 acute and subacute management, prevention of complications, secondary stroke prevention,
173 and rehabilitative services;

174 ~~[(45)]~~ **(44)** "Stroke center", a hospital that is currently designated as such by the
175 department;

176 ~~[(46)]~~ **(45)** "Trauma", an injury to human tissues and organs resulting from the
177 transfer of energy from the environment;

178 ~~[(47)]~~ **(46)** "Trauma care" includes injury prevention, triage, acute care and
179 rehabilitative services for major single system or multisystem injuries that potentially require
180 immediate medical or surgical intervention or treatment;

181 ~~[(48)]~~ **(47)** "Trauma center", a hospital that is currently designated as such by the
182 department.

287.067. 1. In this chapter the term "occupational disease" is hereby defined to mean,
2 unless a different meaning is clearly indicated by the context, an identifiable disease arising
3 with or without human fault out of and in the course of the employment. Ordinary diseases of
4 life to which the general public is exposed outside of the employment shall not be
5 compensable, except where the diseases follow as an incident of an occupational disease as
6 defined in this section. The disease need not to have been foreseen or expected but after its

7 contraction it must appear to have had its origin in a risk connected with the employment and
8 to have flowed from that source as a rational consequence.

9 2. An injury or death by occupational disease is compensable only if the occupational
10 exposure was the prevailing factor in causing both the resulting medical condition and
11 disability. The "prevailing factor" is defined to be the primary factor, in relation to any other
12 factor, causing both the resulting medical condition and disability. Ordinary, gradual
13 deterioration, or progressive degeneration of the body caused by aging or by the normal
14 activities of day-to-day living shall not be compensable.

15 3. An injury due to repetitive motion is recognized as an occupational disease for
16 purposes of this chapter. An occupational disease due to repetitive motion is compensable
17 only if the occupational exposure was the prevailing factor in causing both the resulting
18 medical condition and disability. The "prevailing factor" is defined to be the primary factor,
19 in relation to any other factor, causing both the resulting medical condition and disability.
20 Ordinary, gradual deterioration, or progressive degeneration of the body caused by aging or
21 by the normal activities of day-to-day living shall not be compensable.

22 4. "Loss of hearing due to industrial noise" is recognized as an occupational disease
23 for purposes of this chapter and is hereby defined to be a loss of hearing in one or both ears
24 due to prolonged exposure to harmful noise in employment. "Harmful noise" means sound
25 capable of producing occupational deafness.

26 5. "Radiation disability" is recognized as an occupational disease for purposes of this
27 chapter and is hereby defined to be that disability due to radioactive properties or substances
28 or to Roentgen rays (X-rays) or exposure to ionizing radiation caused by any process
29 involving the use of or direct contact with radium or radioactive properties or substances or
30 the use of or direct exposure to Roentgen rays (X-rays) or ionizing radiation.

31 6. Disease of the lungs or respiratory tract, hypotension, hypertension, or disease of
32 the heart or cardiovascular system, including carcinoma, may be recognized as occupational
33 diseases for the purposes of this chapter and are defined to be disability due to exposure to
34 smoke, gases, carcinogens, inadequate oxygen, of paid firefighters of a paid fire department
35 or paid police officers of a paid police department certified under chapter 590 if a direct
36 causal relationship is established, or psychological stress of firefighters of a paid fire
37 department or paid peace officers of a police department who are certified under chapter 590
38 if a direct causal relationship is established.

39 7. Any employee who is exposed to and contracts any contagious or communicable
40 disease arising out of and in the course of his or her employment shall be eligible for benefits
41 under this chapter as an occupational disease.

42 8. With regard to occupational disease due to repetitive motion, if the exposure to the
43 repetitive motion which is found to be the cause of the injury is for a period of less than three

44 months and the evidence demonstrates that the exposure to the repetitive motion with the
 45 immediate prior employer was the prevailing factor in causing the injury, the prior employer
 46 shall be liable for such occupational disease.

47 **9. Posttraumatic stress disorder (PTSD) is recognized as an occupational disease**
 48 **for purposes of this chapter when diagnosed in a first responder, as that term is defined**
 49 **under section 67.145.**

320.210. The state fire marshal shall appoint one assistant director and such other
 2 investigators and employees as the needs of the office require within the limits of the
 3 appropriation made for such purpose. ~~[Supervising investigators shall be at least twenty-five~~
 4 ~~years of age and shall have either a minimum of five years' experience in fire risk inspection,~~
 5 ~~prevention, or investigation work, or a degree in fire protection engineering from a~~
 6 ~~recognized college or university of engineering.]~~ No person shall be appointed as an
 7 investigator or other employee who has been convicted of a felony or other crime involving
 8 moral turpitude. Any person appointed as an investigator shall be of good character, shall be
 9 a citizen of the United States, ~~[shall have been a taxpaying resident of this state for at least~~
 10 ~~three years immediately preceding his appointment, and]~~ shall be a graduate of an accredited
 11 four-year high school or, in lieu thereof, shall have obtained a certificate of equivalency from
 12 the state department of elementary and secondary education, and shall ~~[possess ordinary~~
 13 ~~physical strength and be able to pass such physical and mental examinations as the state fire~~
 14 ~~marshal may prescribe]~~ **be a resident of Missouri at the time of appointment.** An
 15 investigator or employee shall not hold any other commission or office, elective or
 16 appointive, or accept any other employment **that would pose a conflict of interest** while he
 17 **or she** is an investigator or employee. An investigator or employee shall not accept any
 18 compensation, reward, or gift other than his **or her** regular salary and expenses for the
 19 performance of his **or her** official duties.

650.320. For the purposes of sections 650.320 to 650.340, the following terms mean:
 2 (1) **"Ambulance service", the same meaning given to the term in section 190.100;**
 3 (2) **"Board", the Missouri 911 service board established in section 650.325;**
 4 ~~[(2)]~~ (3) **"Dispatch agency", any person or organization that receives requests**
 5 **for emergency medical services from the public, by telephone or other means, and is**
 6 **responsible for dispatching emergency medical services;**
 7 (4) **"Medical director", the same meaning given to the term in section 190.100;**
 8 (5) **"Memorandum of understanding", the same meaning given to the term in**
 9 **section 190.100;**
 10 (6) **"Public safety answering point", the location at which 911 calls are answered;**
 11 ~~[(3)]~~ (7) **"Telecommunicator first responder", any person employed as an emergency**
 12 ~~[telephone worker,]~~ call taker or public safety dispatcher whose duties include receiving,

13 processing or transmitting public safety information received through a 911 public safety
14 answering point.

650.330. 1. The board shall consist of fifteen members, one of which shall be chosen
2 from the department of public safety, and the other members shall be selected as follows:

3 (1) One member chosen to represent an association domiciled in this state whose
4 primary interest relates to municipalities;

5 (2) One member chosen to represent the Missouri 911 Directors Association;

6 (3) One member chosen to represent emergency medical services and physicians;

7 (4) One member chosen to represent an association with a chapter domiciled in this
8 state whose primary interest relates to a national emergency number;

9 (5) One member chosen to represent an association whose primary interest relates to
10 issues pertaining to fire chiefs;

11 (6) One member chosen to represent an association with a chapter domiciled in this
12 state whose primary interest relates to issues pertaining to public safety communications
13 officers;

14 (7) One member chosen to represent an association whose primary interest relates to
15 issues pertaining to police chiefs;

16 (8) One member chosen to represent an association domiciled in this state whose
17 primary interest relates to issues pertaining to sheriffs;

18 (9) One member chosen to represent counties of the second, third, and fourth
19 classification;

20 (10) One member chosen to represent counties of the first classification, counties with
21 a charter form of government, and cities not within a county;

22 (11) One member chosen to represent telecommunications service providers;

23 (12) One member chosen to represent wireless telecommunications service providers;

24 (13) One member chosen to represent voice over internet protocol service providers;
25 and

26 (14) One member chosen to represent the governor's council on disability established
27 under section 37.735.

28 2. Each of the members of the board shall be appointed by the governor with the
29 advice and consent of the senate for a term of four years. Members of the committee may
30 serve multiple terms. No corporation or its affiliate shall have more than one officer,
31 employee, assign, agent, or other representative serving as a member of the board.
32 Notwithstanding subsection 1 of this section to the contrary, all members appointed as of
33 August 28, 2017, shall continue to serve the remainder of their terms.

34 3. The board shall meet at least quarterly at a place and time specified by the
35 chairperson of the board and it shall keep and maintain records of such meetings, as well as

36 the other activities of the board. Members shall not be compensated but shall receive actual
37 and necessary expenses for attending meetings of the board.

38 4. The board shall:

39 (1) Organize and adopt standards governing the board's formal and informal
40 procedures;

41 (2) Provide recommendations for primary answering points and secondary answering
42 points on technical and operational standards for 911 services;

43 (3) Provide recommendations to public agencies concerning model systems to be
44 considered in preparing a 911 service plan;

45 (4) Provide requested mediation services to political subdivisions involved in
46 jurisdictional disputes regarding the provision of 911 services, except that the board shall not
47 supersede decision-making authority of local political subdivisions in regard to 911 services;

48 (5) Provide assistance to the governor and the general assembly regarding 911
49 services;

50 (6) Review existing and proposed legislation and make recommendations as to
51 changes that would improve such legislation;

52 (7) Aid and assist in the timely collection and dissemination of information relating to
53 the use of a universal emergency telephone number;

54 (8) Perform other duties as necessary to promote successful development,
55 implementation and operation of 911 systems across the state, including monitoring federal
56 and industry standards being developed for next-generation 911 systems;

57 (9) Designate a state 911 coordinator who shall be responsible for overseeing
58 statewide 911 operations and ensuring compliance with federal grants for 911 funding;

59 (10) Elect the chair from its membership;

60 (11) Apply for and receive grants from federal, private, and other sources;

61 (12) Report to the governor and the general assembly at least every three years on the
62 status of 911 services statewide, as well as specific efforts to improve efficiency, cost-
63 effectiveness, and levels of service;

64 (13) Conduct and review an annual survey of public safety answering points in
65 Missouri to evaluate potential for improved services, coordination, and feasibility of
66 consolidation;

67 (14) Make and execute contracts or any other instruments and agreements necessary
68 or convenient for the exercise of its powers and functions, including for the development and
69 implementation of an emergency services internet protocol network that can be shared by all
70 public safety agencies;

71 (15) Develop a plan and timeline of target dates for the testing, implementation, and
72 operation of a next-generation 911 system throughout Missouri. The next-generation 911

73 system shall allow for the processing of electronic messages including, but not limited to,
74 electronic messages containing text, images, video, or data;

75 (16) Administer and authorize grants and loans under section 650.335 to those
76 counties and any home rule city with more than fifteen thousand but fewer than seventeen
77 thousand inhabitants and partially located in any county of the third classification without a
78 township form of government and with more than thirty-seven thousand but fewer than forty-
79 one thousand inhabitants that can demonstrate a financial commitment to improving 911
80 services by providing at least a fifty percent match and demonstrate the ability to operate and
81 maintain ongoing 911 services. The purpose of grants and loans from the 911 service trust
82 fund shall include:

83 (a) Implementation of 911 services in counties of the state where services do not exist
84 or to improve existing 911 systems;

85 (b) Promotion of consolidation where appropriate;

86 (c) Mapping and addressing all county locations;

87 (d) Ensuring primary access and texting abilities to 911 services for disabled
88 residents;

89 (e) Implementation of initial emergency medical dispatch services, including
90 prearrival medical instructions in counties where those services are not offered as of July 1,
91 2019; and

92 (f) Development and implementation of an emergency services internet protocol
93 network that can be shared by all public safety agencies;

94 (17) Develop an application process including reporting and accountability
95 requirements, withholding a portion of the grant until completion of a project, and other
96 measures to ensure funds are used in accordance with the law and purpose of the grant, and
97 conduct audits as deemed necessary;

98 (18) Set the percentage rate of the prepaid wireless emergency telephone service
99 charges to be remitted to a county or city as provided under subdivision (5) of subsection 3 of
100 section 190.460;

101 (19) Retain in its records proposed county plans developed under subsection 11 of
102 section 190.455 and notify the department of revenue that the county has filed a plan that is
103 ready for implementation;

104 (20) Notify any communications service provider, as defined in section 190.400, that
105 has voluntarily submitted its contact information when any update is made to the centralized
106 database established under section 190.475 as a result of a county or city establishing or
107 modifying a tax or monthly fee no less than ninety days prior to the effective date of the
108 establishment or modification of the tax or monthly fee;

109 (21) Establish criteria for consolidation prioritization of public safety answering
110 points;

111 (22) In coordination with existing public safety answering points, by December 31,
112 2018, designate no more than eleven regional 911 coordination centers which shall coordinate
113 statewide interoperability among public safety answering points within their region through
114 the use of a statewide 911 emergency services network; ~~and~~

115 (23) Establish an annual budget, retain records of all revenue and expenditures made,
116 retain minutes of all meetings and subcommittees, post records, minutes, and reports on the
117 board's webpage on the department of public safety website; **and**

118 **(24) Promote and educate the public about the critical role of telecommunicator**
119 **first responders in protecting the public and ensuring public safety.**

120 5. The department of public safety shall provide staff assistance to the board as
121 necessary in order for the board to perform its duties pursuant to sections 650.320 to 650.340.
122 The board shall have the authority to hire consultants to administer the provisions of sections
123 650.320 to 650.340.

124 6. The board shall promulgate rules and regulations that are reasonable and necessary
125 to implement and administer the provisions of sections 190.455, 190.460, 190.465, 190.470,
126 190.475, and sections 650.320 to 650.340. Any rule or portion of a rule, as that term is
127 defined in section 536.010, shall become effective only if it has been promulgated pursuant to
128 the provisions of chapter 536. This section and chapter 536 are nonseverable and if any of the
129 powers vested with the general assembly pursuant to chapter 536 to review, to delay the
130 effective date or to disapprove and annul a rule are subsequently held unconstitutional, then
131 the grant of rulemaking authority and any rule proposed or adopted after August 28, 2017,
132 shall be invalid and void.

650.340. 1. The provisions of this section may be cited and shall be known as the
2 "911 Training and Standards Act".

3 2. Initial training requirements for ~~[telecommunicators]~~ **telecommunicator first**
4 **responders** who answer 911 calls that come to public safety answering points shall be as
5 follows:

6 (1) Police telecommunicator **first responder**, 16 hours;

7 (2) Fire telecommunicator **first responder**, 16 hours;

8 (3) Emergency medical services telecommunicator **first responder**, 16 hours;

9 (4) Joint communication center telecommunicator **first responder**, 40 hours.

10 3. All persons employed as a telecommunicator **first responder** in this state shall be
11 required to complete ongoing training so long as such person engages in the occupation as a
12 telecommunicator **first responder**. Such persons shall complete at least twenty-four hours of

13 ongoing training every three years by such persons or organizations as provided in subsection
14 6 of this section.

15 4. Any person employed as a telecommunicator on August 28, 1999, shall not be
16 required to complete the training requirement as provided in subsection 2 of this section. Any
17 person hired as a telecommunicator **or a telecommunicator first responder** after August 28,
18 1999, shall complete the training requirements as provided in subsection 2 of this section
19 within twelve months of the date such person is employed as a telecommunicator **or**
20 **telecommunicator first responder**.

21 5. The training requirements as provided in subsection 2 of this section shall be
22 waived for any person who furnishes proof to the committee that such person has completed
23 training in another state which is at least as stringent as the training requirements of
24 subsection 2 of this section.

25 6. The board shall determine by administrative rule the persons or organizations
26 authorized to conduct the training as required by subsection 2 of this section.

27 7. ~~[This section shall not apply to an emergency medical dispatcher or agency as~~
28 ~~defined in section 190.100, or a person trained by an entity accredited or certified under~~
29 ~~section 190.131, or a person who provides prearrival medical instructions who works for an~~
30 ~~agency which meets the requirements set forth in section 190.134]~~ **The board shall be**
31 **responsible for the approval of training courses for emergency medical dispatchers.**
32 **The board shall develop necessary rules and regulations in collaboration with the state**
33 **EMS medical directors advisory committee, as described in section 190.103, which may**
34 **provide recommendations relating to the medical aspects of prearrival medical**
35 **instructions.**

36 8. **A dispatch agency is required to have a memorandum of understanding with**
37 **all ambulance services that it dispatches. If a dispatch agency provides prearrival**
38 **medical instructions, it is required to have a medical director whose duties include the**
39 **maintenance of standards and approval of protocols or guidelines.**

2 ~~[190.134. A dispatch agency is required to have a memorandum of~~
3 ~~understanding with all ambulance services that it dispatches. If a dispatch~~
4 ~~agency provides prearrival medical instructions, it is required to have a~~
5 ~~medical director, whose duties include the maintenance of standards and~~
~~protocol approval.]~~

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